

School District of Marshfield

STUDENT SELF-MEDICATION REQUEST

Grades 7-12 only

Student Name _____ D.O.B. _____ School _____

Grade _____ Physician Name _____

Name of medication _____ Dosage _____

Time(s) to be given _____ Date of discontinuation _____

Reason for medication _____

The student named above has my permission to self-administer his/her medication as described. I authorize school district personnel to contact my child's physician regarding further information that may be required in administering this medication unsupervised. ***I IRREVOCABLY RELEASE THE SCHOOL DISTRICT OF MARSHFIELD, ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES FROM ANY AND ALL LIABILITY FOR ANY DAMAGE OR FROM ANY CLAIM, CAUSE OF ACTION, OR OTHER FORM OF REDRESS ARISING FROM THE SELF-ADMINISTRATION OF THIS MEDICATION/TREATMENT AT SCHOOL.*** I agree to inform the school immediately of any change in this order. I acknowledge receiving a copy of the Medication Administration Policy. I also understand the school district bears no responsibility for safeguarding the medication or assuring that it is taken. Students do not have the right to share medications or treatments with others. Controlled medications are excluded and are not allowed to be self-administered.

Parent/Guardian Signature Date Home Phone Work Phone

PRINT Parent/Guardian Name Address

PHYSICIAN AUTHORIZATION
(Required for all Prescription Drugs)

The physician whose signature follows hereby authorizes the minor student named above to administer his/her own medication/treatment and agrees to accept communication from school personnel regarding self-administration. It is understood that the student will not be supervised during self-administration of the medication/treatment nor will the student be reminded of the medication schedule.

Rationale for medication/treatment to be given during the school day _____

Other pertinent information (i.e. possible side affects) _____

Physician's Signature Phone Date

PRINT Physician's Name Physician's address (street, city, zip code)

(school use only) Received by _____ Date _____

MEDICATION PROCEDURES

Second Reading 453.4 Rule

1. No medication will be administered by school personnel unless the Medication Permission and Instructions form is completed by both the parent and physician and is returned to the school office. A new form must be completed each year and whenever the physician changes the prescription.
2. Only district nurses (RN) may accept verbal medication orders, which shall be documented. All telephone medication orders will be verified in writing by the physician.
3. Prescription medication to be given in school must be in a pharmacy labeled bottle.
Non-prescription medication must be in the original labeled container and labeled with the student's name.
Medication arriving in improperly labeled or unlabeled containers such as envelopes, baggies, or wrapped in aluminum foil will not be administered.
4. Medication will be taken by the child at the designated time, administered by the individual(s) who have been authorized in writing by the building principal and trained by the district nurse. It is the responsibility of the student to go to the office at the designated time to get his/her medication, with consideration given for student's age and ability. If the student refuses to take the prescribed medication, the parent or guardian will be contacted immediately. Dispensing of medications will be monitored by the district nurse who will report irregularities to the building administrator.
5. Reliable students in grades seven and above may be permitted to carry and self-administer certain medications (with the exception of controlled substances) provided that active parental and physician consent forms are on file for self-administered medication. In such cases, school personnel will not maintain daily written records for self-administered medications. The district is not responsible for self-administration of medication by pupils who do not have active parental and physician consent forms on file with school administration.

All controlled substances must be given under the supervision of district personnel.

6. Students may carry asthma inhalers so they have immediate access to these medications. The Self-Medication Request form must be on file. School staff will not document self-administration of this medication. Parents are encouraged to place a back up inhaler in the school office.
7. All medication administered at the school will be kept in a locked cubicle, drawer or other safe place. Only limited quantities of any medication are to be kept at school.
8. Parent transportation of all medication is strongly encouraged. Controlled substance medications must be brought in to the school by the parent.
9. The length of time for which the drug is to be administered, which is not to exceed the current school year, shall be contained in the written instructions from the prescribing physician. Further written instructions must be received from the physician if the drug dosage changes or the time the medication is to be administered is changed from the original instruction. Written notice must be provided by the physician or parent/guardian if the drug is to be discontinued.
Students shall not share medication/treatments with other individuals. Any student violating this rule will be subject to disciplinary action.
10. An accurate and confidential system of record keeping shall be established for each pupil receiving medication.
 - a. An individual record of each pupil receiving medication shall be kept including the type of medication, the dose, the time given and the duration.
 - b. School personnel will report any unusual behavior of students on medication to the District Nurse or the Principal.
11. Non-prescription medications. Designated personnel will administer non-prescription (over-the-counter) medications only with parental approval as indicated by written consent on the Medication Permission and Instructions form. Note: All criteria listed above must be adhered to regarding "over-the-counter" medications with the exception of the written authorization from the physician.
12. Injectable medications. The procedures for the administration of medication must be followed before any emergency injectable medication may be given.

No employee, except a health care professional, may be required to administer a drug to a pupil by any means other than ingestion. Injectable medications, prescribed on an emergency basis, may be administered by identified building personnel who have volunteered to administer injections if the situation demands. These individuals will receive training and an individual written plan for the student from the district nurse(s). This plan will have been approved by the student's parent and physician.

Any student receiving epinephrine for a possible allergic reaction or glucagon for severe hypoglycemia will be immediately transported to the nearest hospital via emergency transport.

13. Parents/guardians are strongly encouraged to participate in any field trip when their child requires medication. The building principal will designate the staff member responsible for administering medication to students on a field trip or activity. The staff member will carry the medication. Medication will be in a single dose envelope or container labeled with the student's name, medication, dose, and time to be given. Epinephrine auto injectors and glucagon injection kits must accompany any students for whom they have been prescribed.
14. The parent or guardian shall pick up unused portions of medication within three (3) days after the completion of the school year or when medications have been discontinued. Medications not picked up will be disposed of.